



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Response Under 37 C.F.R. § 1.116 Expedited Procedure -
Technology Center 1600**

In re application of: Wilkes et al.

Application No. 09/975,530

Filed: October 10, 2001

Confirmation No. 9402

For: DRIFT COMPENSATION METHOD FOR
FINGERPRINT SPECTRA

Examiner: Cheyne D. Ly

Art Unit: 1631

Attorney Reference No. 4239-60896

CERTIFICATE OF MAILING

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: MAIL STOP AF, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 on the date shown below.

Attorney
for Applicant(s)

William D. Noonan

Date Mailed March 12, 2004

MAIL STOP AF
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

AMENDMENT AND RESPONSE

This is a response to the final Office action dated January 12, 2004. A three-month period for reply was set, making an answer due by April 12, 2004. Applicants are filing this response within two months of the date of the Office action, and therefore request issuance of an Advisory action. Applicants also would like to thank Examiners Ly and Marschel for granting the telephone interview conducted on March 4, 2004, and for indicating that the rejections under 35 U.S.C. §103 of claims 20-32 and 69-71 would be withdrawn. An applicants' summary of the interview is provided as part of the Remarks below. Please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2.

Remarks begin on page 6.

Image

AF/1631

PATENT

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TRANSMITTAL LETTER

Enclosed is an Amendment and Response for the above application. The fee has been calculated as shown below.

CLAIMS AS AMENDED

For	No. after amendment	No. paid for previously	Present Extra	Rate	Fee
Total Claims	18	- 66*	= 0	\$18.00	\$ 0.00
Indep. Claims	1	7**	= 0	\$86.00	\$ 0.00
Mult. Dep. Claims Fee (if not previously paid)				\$290.00	
One-month Extension of Time				\$110.00	
Two-month Extension of Time				\$420.00	
Three-month Extension of Time				\$950.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

* greater of twenty or number for which fee has been paid.

** greater of three or number for which fee has been paid.

☒ No additional fee is required.

- ☒ Please charge any additional fees that may be required in connection with filing this amendment and any extension of time, or credit any overpayment, to Deposit Account No. 02-4550. A copy of this sheet is enclosed.
- ☒ Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

By William D Noonan
William D. Noonan, M.D.
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Docketing